

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) CLAIMS | (Col. 2) REMAINING AFTER AMENDMENT | (Col. 3) HIGHEST NO. PREVIOUSLY PAID FOR | OTHER THAN A SMALL ENTITY | | | |
|--|---|---|---------------------------|-----------------------------|---------------|-------------|
| | | | PRESENT EXTRA | RATE | ADDIT. FEE | |
| TOTAL | 18 | - 20 | = 0 | x \$ 50.00 | = \$ | 0.00 |
| INDEP. | 4 | - 4 | = 0 | x \$ 200.00 | = \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | + \$ 0.00 | = \$ | 0.00 | |
| | | | | TOTAL ADDIT. FEE | \$ | 0.00 |

No additional fee for claims is required.

FEES PAYMENT

5. Authorization is hereby made to charge the amount of \$1,020.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

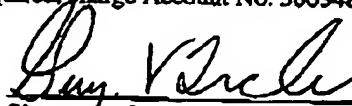
FEES DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

Date: 21 APR 2005

Reg. No.: 45,302
Tel. No.: 650-631-3100
Customer No.: 21968



Signature of Practitioner
Guy V. Tucker
Nektar Therapeutics
150 Industrial Road
San Carlos, CA 94070

Amendment Transmittal—page 2 of 2